



MEDI-CAL UPDATE

Part 1

Program and Eligibility

www.medi-cal.ca.gov

December 2006

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Angel Flight West Offering Free Air Transportation Services

Angel Flight West is a non-profit organization that arranges free, nonemergency air transportation for people in need of travel to or from medical care. Private pilots volunteer their time, piloting expertise and aircraft at their own expense. The types of services provided by Angel Flight West have included transportation for recovering burn victims and children with cancer to special needs camps.

To be eligible for these services, individuals must be able to board a small aircraft, either ambulatory or by wheelchair, sit upright throughout the unpressurized flight and have financial need or be in a remote location. Angel Flight West does not provide medical care of any kind. It is not an ambulance service.

Angel Flight West prefers initial requests to be made by a health care professional, discharge planner, social worker or physician, because such persons are best able to assess the patient's financial and medical situation. Flight requests must be received one week prior to the mission.

Angel Flight West can be contacted by telephone at 1-888-426-2643 or online at www.angelflightwest.org.

Disclaimer: Angel Flight West is an independent organization and not agents or employees of the California Department of Health Services (CDHS) or its affiliates. CDHS and its affiliates are not liable for the acts, errors, omissions, representations, warranties, breaches or negligence of Angel Flight West or for any personal injuries, death, property damage or other damages or expenses resulting therefrom. CDHS and its affiliates have no liability in the event of any delay, cancellation or other causes beyond its direct control, nor are they responsible for any additional expenses, omissions, delays or acts of any other government entity or authority.

Noncapitated Drug Update for Managed Care Plans

Effective for dates of service on or after January 1, 2007, all AIDS drugs are noncapitated for the Santa Barbara Health Initiative County Organized Health System (COHS) (Health Care Plan [HCP] 502).

This information is reflected on manual replacement page [mcp cohs 6](#) (Part 1).

Changing Provider Contact Information

Providers, please note that a change of pay-to address, mailing address, telephone number or status must be submitted on the *Medi-Cal Supplemental Changes* form (form DHS 6209). Providers may obtain this form by contacting the Telephone Service Center (TSC) at 1-800-541-5555.

Note: Changing a business address requires a complete application package.

For more information, please see "Change Of Pay-To And/Or Mailing Address" and "Enrollment Information" in the *Provider Guidelines* section of the Part 1 manual.

This information is reflected on manual replacement pages [prov guide 3 thru 5](#) (Part 1).

EDS/MEDI-CAL HOTLINES

Border Providers..... (916) 636-1200
CDHS Medi-Cal Fraud Hotline..... 1-800-822-6222
Telephone Service Center (TSC) 1-800-541-5555
Provider Telecommunications Network (PTN)..... 1-800-786-4346

EDS • PO Box 13029 • Sacramento, CA • 95813-4029

For a complete listing of specialty programs and hours of operation, please refer to the Medi-Cal Directory in the provider manual.



Opt Out is a service designed to save time and increase Medi-Cal accessibility. A monthly e-mail containing direct Web links to current bulletins, manual page updates, training information, and more is now available. Simply “opt out” of receiving this same information on paper, through standard mail. To download the Opt Out enrollment form or for more information, go to the Medi-Cal Web site at www.medi-cal.ca.gov, and click the “Learn how...” link under **OPT OUT** on the right side of the home page.

Stop Illegal Tobacco Sales

The simplest way to stop illegal tobacco sales to minors is for merchants to check ID and verify the age of the tobacco purchasers. Report illegal tobacco sales to 1-800-5-ASK-4-ID.

For more information, see the California Department of Health Services Web site at <http://www.dhs.ca.gov>.

MEDI-CAL FRAUD IS AGAINST THE LAW

MEDI-CAL FRAUD COSTS TAXPAYERS MILLIONS
EACH YEAR AND CAN ENDANGER
THE HEALTH OF CALIFORNIANS.

HELP PROTECT MEDI-CAL AND YOURSELF
BY REPORTING YOUR OBSERVATIONS TODAY.

CDHS MEDI-CAL FRAUD HOTLINE
1-800-822-6222

THE CALL IS FREE AND YOU CAN REMAIN ANONYMOUS.

Knowingly participating in fraudulent activities can result in prosecution and jail time. Help prevent Medi-Cal fraud.

Eligibility Update: Temporary Benefits Identification Card

Effective January 1, 2007, counties will begin issuing a new version of the paper Immediate Need and Minor Consent identification card, called a Temporary Benefits Identification Card (TBIC). The new TBICs will be issued with the recipient's 14-character BIC ID number.

The paper ID card is used to establish immediate need eligibility for Medi-Cal and Minor Consent Program recipients. County welfare departments issue temporary paper identification cards to the following:

- Recipients new to Medi-Cal who have an immediate need for health care services
- Recipients currently eligible for Medi-Cal who need a replacement ID card because of incorrect information on their BIC or because their BIC was lost or stolen
- Eligible minors who wish to receive confidential care for services

Starting in 2007, providers will be required to use the 14-character BIC ID to verify a recipient's eligibility through the Medi-Cal Eligibility Verification System. A recipient's Social Security Number (SSN) will no longer be allowed for submitting eligibility verification transactions on the Point of Service (POS) device, Medi-Cal Web site or third-party vendor software.

In an emergency (or if a recipient did not bring a BIC or TBIC to an appointment), providers will still be allowed to use the SSN for eligibility verification using the telephone Automated Eligibility Verification System (AEVS).

Below is a sample of the revised paper Immediate Need and Minor Consent card:

```

*****
*
*                               STATE OF CALIFORNIA                               *
*
*                               TEMPORARY BENEFITS IDENTIFICATION CARD              *
*
*                               =====                                           *
*                               ===      FOR IDENTIFICATION PURPOSES ONLY      ===   *
*                               ===      PROVIDER: PLEASE VERIFY ELIGIBILITY    ===   *
*                               =====                                           *
*
* ID NO.  BICIDNUMBERXXX                               ISSUE DATE: MM/DD/YYYY *
*
*                               GOOD THRU : MM/DD/YYYY *
*
* FIRSTNAME I LASTNAME APL *
*
* F      MM/DD/YYYY *
*
*
* SIGNATURE _____ *
*
*                               TERMVTAMCICSTRANYYYMMDDHHMMSSDDOPRXXXXDISWRKR *
*****

```

Note: Actual card size is 8½ x 11 inches. The bottom line is system information that identifies the source of the card request.

This information is reflected on manual replacement page [elig rec crd 2 \(Part 1\)](#).

**NPI Required By Law**

Have you registered your National Provider Identifier (NPI) on the Medi-Cal Web site (www.medi-cal.ca.gov)? The NPI is required by law.

HIPAA mandates that providers use NPIs beginning May 23, 2007. The NPI is 10 digits in length and will replace health care provider identifiers in use today, including the nine-digit Medi-Cal provider number. An NPI can be obtained through the National Plan and Provider Enumeration System (NPPES) Web site (<https://nppes.cms.hhs.gov>).

Once an NPI is obtained, providers **must** register it with Medi-Cal by March 1, 2007 to ensure no interruption in Medi-Cal payments.

Early NPI registration with Medi-Cal will allow providers to maintain uninterrupted claim payments as Medi-Cal transitions from the current provider numbering system to the NPI system on May 23, 2007.

Providers can register their NPI using one of the following methods:

- A Web application is available that allows NPI to be registered quickly and for free. The online NPI registration tool is available on the Medi-Cal Web site and may be accessed by clicking the “NPI” link on the Medi-Cal home page (www.medi-cal.ca.gov), then the “Register/Update/Inquire NPIs” link in the “NPI Resources” area.
- Hard copy registration began December 1, 2006. Providers may also register their NPI with Medi-Cal using the hard copy NPI registration form. The NPI registration form is available on the Medi-Cal Web site (www.medi-cal.ca.gov) by clicking “Forms,” then “Provider Enrollment.” Forms can also be obtained by calling the Telephone Service Center (TSC) at 1-800-541-5555 and selecting option 16, followed by option 18.

Will you be ready by May 23? Register now!

NPI: Get It. Share It. Use It.

Only five months remain until the National Provider Identifier (NPI) compliance date of May 23, 2007. The Centers for Medicare & Medicaid Services (CMS) has reported that as of November 13, 2006, only 104,268 individual and 25,801 organizational providers in California have been issued NPIs; of these, only 7,495 Medi-Cal providers (out of approximately 150,000) have registered their NPIs with Medi-Cal. As of the compliance date, any claims submitted without an NPI will be denied. Do you have your NPI yet?

Act Now!

Don't procrastinate. Getting your NPI is just the first step in preparing for the compliance date. You should allow time to share your NPI with anyone you submit claims to and with colleagues who need it to submit their claims. Medi-Cal and Child Health and Disability Prevention (CHDP) providers must register their NPIs with Medi-Cal by March 1, 2007 to ensure uninterrupted claim payments.

Resources for Commonly Asked Questions

To view a list of resources that will help answer many questions about NPI, visit the NPI area of the CMS Web site at www.cms.hhs.gov/NationalProvIdentStand/ and click “Questions.” CMS also continues to update the Frequently Asked Questions (FAQs) on NPI, which can be viewed by clicking “Educational Resources” and then “Frequently Asked Questions.” For additional CMS announcements, visit the NPI area of the Medi-Cal Web site (www.medi-cal.ca.gov).

Getting an NPI is free – not having one can be costly.

Medi-Cal Claim Submission Reminder

Medi-Cal Suspended and Ineligible Provider List and Office of Inspector General List of Excluded Individuals

The *Medi-Cal Suspended and Ineligible Provider List* (S&I List) is updated monthly. For a complete S&I List, visit the Medi-Cal Web site at www.medi-cal.ca.gov and click the “S & I Provider List” link under “Provider Reference.” Providers may also order a hard copy update by calling the Telephone Service Center (TSC) at 1-800-541-5555.

Additions and changes are shown in bold type and reinstated providers are removed from the S&I List. Always refer to the S&I List when verifying provider ineligibility.

Eligibility or ineligibility must also be verified through the Health and Human Services (HHS) Office of Inspector General (OIG) *List of Excluded Individuals/Entities*, which can be accessed on the HHS Office of Inspector General Web site (www.oig.hhs.gov) by clicking “Exclusions Database.”

Suspension of Entities Submitting Claims for Suspended Providers

Entities submitting claims for services rendered by a health care provider suspended from Medi-Cal or excluded from Medicare or Medicaid by the Federal Office of Inspector General are subject to Medi-Cal suspension.

Welfare and Institutions Code (W&I Code), Section 14043.61(a), states, in relevant part, that “a provider shall be subject to suspension if claims for payment are submitted under any provider number used by the provider to obtain reimbursement from Medi-Cal for the services, goods, supplies or merchandise provided, directly or indirectly, to a Medi-Cal recipient by an individual or entity that is suspended, excluded, or otherwise ineligible because of a sanction to receive, directly or indirectly, reimbursement from Medi-Cal and the individual or entity is listed on either the *Medi-Cal Suspended and Ineligible Provider List* or any list published by the Federal Office of Inspector General regarding the suspension or exclusion of individuals or entities from the Federal Medicare and Medicaid programs, to identify suspended, excluded, or otherwise ineligible providers.”

RAD Code and Correlation Table Additions

The following Remittance Advice Details (RAD) messages have been added to help reconcile provider accounts.

<u>Code</u>	<u>Message</u>
9592	The labor charge is not payable on the same month of DME (Durable Medical Equipment) purchase/rental.
9876	The GC (Group Code) on the Medicare RA (<i>Remittance Advice</i>) is missing or invalid.

Also, Adjustment Reason Codes (ARC), Adjustment Group Codes (AGC), Health Care Remarks Codes (HCRC) and description updates have been added to the *Remittance Advice Details (RAD) Electronic Correlation Table to National Codes* sections in the Part 1 manual.

This information is reflected on manual replacement pages [remit cd9000 29 and 43](#) (Part 1), [remit elect corr9800 3](#) (Part 1) and [remit elect corr hcrc 3](#) (Part 1).

www.medi-cal.ca.gov**Medi-Cal Procedure/Drug Code Limitation List Update**

The *Procedure/Drug Code Limitation (P/DCL) List* has been updated. Providers placed on the P/DCL List do not receive Medi-Cal reimbursement for services under restriction. In addition, providers that fill orders for lab tests, drugs, medical supplies or any other restricted services prescribed or ordered by a provider under restriction are not reimbursed by Medi-Cal. The limitation is effective after the California Department of Health Services (CDHS) gives the provider notice of the proposed limitation and no appeal is submitted within 45 days, or following denial of an appeal. After 18 months, the P/DCL automatically ceases.

For a complete P/DCL List, visit the Medi-Cal Web site (www.medi-cal.ca.gov) and click the “P/DCL List” link. Additions and changes are shown in bold type. Always refer to the P/DCL List when determining provider procedure/drug code limitation(s).

The following provider has been removed from the P/DCL list. The provider has reached a settlement agreement, effective April 29, 2006, which ends the sanction.

PROVIDER NAME	PROVIDER NUMBERS	TIMEFRAME	CODES
Tabak, Moshe MD	00A402570 License: 40257	3/1/06 – 4/29/06	All Codes

www.medi-cal.ca.gov**Medi-Cal Suspended and Ineligible Provider List: December Update****Medi-Cal Suspended and Ineligible Provider List and Office of Inspector General List of Excluded Individuals**

The *Medi-Cal Suspended and Ineligible Provider List (S&I List)* is updated monthly. For a complete S&I List, visit the Medi-Cal Web site at www.medi-cal.ca.gov and click the “S & I Provider List” link under “Provider Reference.” Providers may also order a hard copy update by calling the Telephone Service Center (TSC) at 1-800-541-5555.

Additions and changes are shown in bold type and reinstated providers are removed from the S&I List. Always refer to the S&I List when verifying provider ineligibility.

Eligibility or ineligibility must also be verified through the Health and Human Services (HHS) Office of Inspector General (OIG) *List of Excluded Individuals/Entities*, which can be accessed on the HHS Office of Inspector General Web site (www.oig.hhs.gov) by clicking “Exclusions Database.”

Suspension of Entities Submitting Claims for Suspended Providers

Entities submitting claims for services rendered by a health care provider suspended from Medi-Cal or excluded from Medicare or Medicaid by the Federal Office of Inspector General are subject to Medi-Cal suspension.

Welfare and Institutions Code (W&I Code), Section 14043.61(a), states, in relevant part, that “a provider shall be subject to suspension if claims for payment are submitted under any provider number used by the provider to obtain reimbursement from Medi-Cal for the services, goods, supplies or merchandise provided, directly or indirectly, to a Medi-Cal recipient by an individual or entity that is suspended, excluded, or otherwise ineligible because of a sanction to receive, directly or indirectly, reimbursement from Medi-Cal and the individual or entity is listed on either the *Medi-Cal Suspended and Ineligible Provider List* or any list published by the Federal Office of Inspector General regarding the suspension or exclusion of individuals or entities from the Federal Medicare and Medicaid programs, to identify suspended, excluded, or otherwise ineligible providers.”

Osteopathic Physician and Surgeon (susp A)

Latterman, Michael Scott c/o 600 US Highway 27 South South Bay, Florida	20A7200 DC #M40032	Suspended indefinitely effective 10/19/2006.
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Physician (susp A)

Gilman, Bradley Wade 4 Cartier Aisle Irvine, California	A65172	Suspended indefinitely effective 6/1/2004.
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Please see **S&I**, page 7

S&I (continued)**Hearing Aid Service (susp H)**

Serrano, Susan C. #26496-112 Federal Correctional Institution - Dublin 5701 8th Street - Camp Parks Dublin, California And 1300 West Whittier Boulevard Montebello, California And 6904 Pacific Boulevard Huntington Park, California And 2256 Whittier Boulevard Los Angeles, California And 10901 Paramount Boulevard, #201 Downey, California	2396	Suspended indefinitely effective 10/19/2006.
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Home Health Aide (susp P)

Allieu, Frederick 1634 Virginia Avenue, #6 San Jose, California	HHA 133271	Suspended indefinitely effective 8/4/2006.
Thomason, Jody Lee 2139 Elliott Drive American Canyon, California	HHA 110368	Suspended indefinitely effective 6/21/2006.
Vasquez, Stephanie 715 North Cypress Street Woodlake, California	HHA 168802	Suspended indefinitely effective 4/25/2006.

Certified Nurse Assistant (susp R)

Allieu, Frederick 1634 Virginia Avenue, #6 San Jose, California	CNA 443292	Suspended indefinitely effective 8/4/2006.
Arayata, Aristeo 1721 Dewey Street San Mateo, California	CNA 406906	Suspended indefinitely effective 9/13/2006.
Arellano, Juan 21922 Pioneer Boulevard Hawaiian Gardens, California	CNA 590832	Suspended indefinitely effective 7/24/2006.
Cox, Jason 7148 Cole Street Highland, California	CNA 564401	Suspended indefinitely effective 8/7/2006.
Davis, Kathleen 2690 Westberry Drive Santa Rosa, California	CNA 340317	Suspended indefinitely effective 1/24/2005.
Essien, Eno 6685 Goldy Street Corona, California	CNA 619395	Suspended indefinitely effective 8/7/2006.
Holsey, Sandra 502 Caribbrook Way, Apartment #2 Stockton, California	CNA 50208	Suspended indefinitely effective 6/21/2006.

Certified Nurse Assistant (susp R)

Lewis, Frank 2324 Shasta Drive, Apartment #10 Davis, California	CNA 407469	Suspended indefinitely effective 5/11/2006.
Perez, Felipa 612 Buena Vista Avenue, Apartment #E Alameda, California	CNA 508011	Suspended indefinitely effective 3/16/2006.
Roberts, William 1904 Lorri Way Escondido, California	CNA 549288	Suspended indefinitely effective 8/3/2006.
Ross, Joseph P.O. Box 1203 Nice, California	CNA 555314	Suspended indefinitely effective 6/28/2006.
Silva, Marlene Louise 13035 Apple Road Wilton, California	CNA 559265	Suspended indefinitely effective 3/20/2006.
Singh, Parmila 141 Martin Place San Bruno, California	CNA 527675	Suspended indefinitely effective 5/1/2006.
Thomason, Jody Lee 2139 Elliott Drive American Canyon, California	CNA 298321	Suspended indefinitely effective 6/21/2006.
Travis, Gregory 3142 Edison Avenue, #11 Sacramento, California	CNA 492656	Suspended indefinitely effective 8/14/2006.
Vasquez, Stephanie 715 North Cypress Street Woodlake, California	CNA 487292	Suspended indefinitely effective 4/25/2006.

Licensed Vocational Nurse (susp R)

Geraghty, Mary Elizabeth P.O. Box 1734 Running Springs, California	VN 68790	Suspended indefinitely effective 10/14/2005.
Martinez, Sandra Marie 16840 Chatsworth, Apartment #209 Granada Hills, California	189691	Suspended indefinitely effective 10/2/2005.

Registered Nurse (susp R)

Bader, Ralph Steven 203 West Ash Street, Apartment #A Taft, California	492004	Suspended indefinitely effective 10/19/2006.
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Employee (susp T)

Lemus, Maria Ibette 3910 West 118th Place Hawthorne, California		Suspended indefinitely effective 11/9/2006.
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Please see S&I, page 8

S&I (continued)**REINSTATEMENTS:****Osteopathic Physician and Surgeon (susp A)**

Ekholm, Roberta Ashley 20A4668 11/7/2006
 1327 Foothills Drive
 Pleasanton, California
 And
 2767 Olive Highway
 Oroville, California

Physician (susp A)

Buendia, Manolito Sosa, M.D. A53451 8/10/2006
 24446 West Valencia
 Boulevard, #7103
 Valencia, California
 And
 18308 Sherman Way, Suite #4
 Reseda, California

Dentist (susp G)

Tan, Danny 40989 9/25/2006
 608 E. Boronda Road, Suite B
 Salinas, California

Chiropractic Clinic (susp J)

Maroudas Chiropractic Clinic 9/22/2006
 attn: Slusher-Maroudas,
 Patricia
 8010 Wayland Lane, Suite 1B
 Gilroy, California

www.medi-cal.ca.gov

AEVS: Carrier Codes for Other Health Coverage: December Update

The *AEVS: Carrier Codes for Other Health Coverage* list has been updated. These codes are updated monthly. For a complete *AEVS: Carrier Codes for Other Health Coverage* list, visit the Medi-Cal Web site at **www.medi-cal.ca.gov**. Click the “User Guides” link under “Provider Resources,” then click the “AEVS User Guide” link. Additions and changes are shown in bold and underlined type.

Providers may order a hard copy update of the section by calling the Telephone Service Center (TSC) at 1-800-541-5555. Updates and deletions are listed below.

Changes

<u>Code</u>	<u>Carrier</u>	<u>Code</u>	<u>Carrier</u>
F138	FIRST CHOICE HEALTH ADMIN.	H005	CBCA
G002	GREAT WEST	I138	CNIC
G218	VERITY NATIONAL		

Deletions

<u>Code</u>	<u>Carrier</u>	<u>Code</u>	<u>Carrier</u>
A064	ACT EMPLOYEE BENEFITS INC	C022	CNA INS CO
A171	AMERICAN LIFE & ACCIDENT	C074	CIGNA/CONNECTICUT GENERAL
A189	ANTHEM HEALTH/LIFE INS CO	C113	CLAIM MGMT SERV
A242	ALPHA CORPORATION TRUST	C117	CIGNA/CONNECTICUT GENERAL
A520	ALA GROUP PLANS	C265	CIGNA/CONNECTICUT GENERAL
A609	ADVANCED BENEFIT ADMIN	C330	CALIFORNIA MOVING/STORAGE
A653	ADVANCED DENTAL SYST INC	C331	CIGNA/CONNECTICUT GENERAL
A712	ANDERSON LOGGING INC	C341	CIGNA/CONNECTICUT GENERAL
A724	ACORDIA NORTHWEST	C375	CIGNA/CONNECTICUT GENERAL
A733	AMERICAN BENEFIT PLAN ADMIN	C412	CIGNA/CONNECTICUT GENERAL
A768	AMERICAN ADMINISTRATIVE SERV	C418	CIGNA/CONNECTICUT GENERAL
B066	BERKELEY ASSOC SERV	C424	CIGNA/CONNECTICUT GENERAL
B068	BASIC VEGETABLE PRODUCTS	C427	CIGNA/CONNECTICUT GENERAL
B105	BANKERS UNITED LIFE ASSUR	C432	CIGNA/CONNECTICUT GENERAL
B355	BEAR STEARNS/CO INC	C443	CIGNA/CONNECTICUT GENERAL

Please see **AEVS**, page 9

AEVS (continued)

Deletions cont.

<u>Code</u>	<u>Carrier</u>	<u>Code</u>	<u>Carrier</u>
C447	CIGNA/CONNECTICUT GENERAL	G289	GREAT WEST LIFE ASSUR CO
C448	CIGNA/CONNECTICUT GENERAL	G304	GREAT WEST LIFE ASSUR CO
C449	CIGNA/CONNECTICUT GENERAL	G322	GREAT WEST HEALTHCARE
C458	CARLSON CO EMP BENEFIT TRUST	G325	GREAT WEST ANNUITY LIFE INS
C462	CIGNA/CONNECTICUT GENERAL	G334	GREAT WEST LIFE ASSUR CO
C550	CORONA DENTAL	G335	GREAT WEST LIFE ASSUR CO
C560	CIGNA/CONNECTICUT GENERAL	G341	GREAT WEST LIFE ASSUR CO
C602	CIGNA/CONNECTICUT GENERAL	G343	GREAT WEST LIFE ASSUR CO
C638	COOPER IND INC	G344	GREAT WEST LIFE ASSUR CO
C661	COORS BREWING INS	G355	GREAT WEST LIFE ASSUR CO
C748	CIGNA/CONNECTICUT GENERAL	G356	GREAT WEST LIFE ASSUR CO
C751	CIGNA/CONNECTICUT GENERAL	H024	HEALTH SOURCE OF ARKANSAS
D185	EXPRESS SCRIPTS INC	H074	CIGNA/CONNECTICUT GENERAL
E007	CIGNA HEALTHCARE	H079	CIGNA/CONNECTICUT GENERAL
E201	EXPRESS SCRIPTS	H156	HINCHCLIFF INTL
E267	EXPRESS SCRIPTS INC	H198	HYDROTECH CHEMICAL CO
F104	FOREMOST LIFE INS CO	H286	CIGNA/CONNECTICUT GENERAL
F228	FARM FAMILY LIFE INS CO	H318	CIGNA/CONNECTICUT GENERAL
F236	FAMILY PRACTICE ASSOC	H351	CIGNA/CONNECTICUT GENERAL
G004	GREAT WEST LIFE ASSUR CO	I126	INDEPENDENT BENEFIT PLAN
G013	GREAT WEST LIFE ASSUR CO	I181	INVESTORS HERITAGE
G029	GREAT WEST LIFE ASSUR CO	J193	JASLIE DENTAL PLAN INC
G040	GREAT WEST LIFE ASSUR CO	K017	KLAMATH MEDICAL SRVCE BUREAU
G041	GREAT WEST LIFE ASSUR CO	M009	MEDIMET PRESCRIPTIONS
G048	GREAT WEST LIFE ASSUR CO	M084	UNITED HEALTHCARE
G050	GOLDEN CAT CORP	M197	MID SOUTH INS CO
G054	GREAT WEST LIFE	M251	UNITED HEALTHCARE
G055	GUNDERSEN LUTHERAN HEALTH PLAN	M346	MAGMA COPPER CO
G075	GREAT WEST LIFE ASSUR CO	M373	MESA LIMITED PARTNERSHIP
G078	GREAT WEST LIFE ASSUR CO	M388	MUTUAL OF OMAHA
G097	GREAT WEST LIFE	M402	UNITED HEALTHCARE
G099	GREAT AMERICAN RESERVE DENTAL	N326	NORTH AMERICAN INS CO
G111	GREAT WEST LIFE ASSUR CO	N368	NATIONAL SERVICE CENTER
G127	GREAT WEST LIFE	O115	GREAT-WEST HEALTH CARE
G137	GREAT WEST LIFE ASSUR CO	O122	ONE HEALTH PLAN HMO1
G157	GREAT WEST LIFE ASSUR CO	P059	PRUDENTIAL INS CO
G162	GREAT WEST	P094	CIGNA/CONNECTICUT GENERAL
G163	GREAT WEST LIFE ASSUR CO	P101	PRUDENTIAL GRP DENTAL
G171	GROCERS SUPPLY CO INC	P128	PRUDENTIAL GRP DENTAL
G188	GREAT WEST LIFE ASSUR CO	P132	PRUDENTIAL HEALTHCARE
G194	GREAT WEST LIFE ASSUR CO	P174	PRUDENTIAL INS CO
G198	GREAT WEST LIFE ASSUR CO	P208	PREFERRED HEALTH PROFESSIONALS
G203	GREATER PACIFIC HMO	P231	CIGNA/CONNECTICUT GENERAL
G205	GREAT WEST LIFE ASSUR CO	P235	CIGNA/CONNECTICUT GENERAL
G236	GREAT WEST LIFE ASSUR CO	P325	PRUDENTIAL INS
G251	GREAT WEST LIFE ASSUR CO	P327	CIGNA/CONNECTICUT GENERAL
G252	GREAT WEST LIFE ASSUR CO	P328	CIGNA/CONNECTICUT GENERAL
G257	GREAT WEST LIFE ASSUR CO	P378	CIGNA/CONNECTICUT GENERAL
G267	GREAT WEST LIFE AND ANNUITY	P420	CIGNA/CONNECTICUT GENERAL
G272	GREAT WEST LIFE ASSUR CO	P424	PRUDENTIAL INS CO
G278	GREAT WEST LIFE ASSUR CO	P453	PRINCIPAL FINANCIAL GRP

Please see AEVS, page 10

AEVS (continued)

Deletions cont.

<u>Code</u>	<u>Carrier</u>	<u>Code</u>	<u>Carrier</u>
P471	CIGNA/CONNECTICUT GENERAL	S003	STAT CARE INS ADMINISTRATORS
P477	CIGNA/CONNECTICUT GENERAL	S327	SCHLUMBERGER LTD
P514	CIGNA/CONNECTICUT GENERAL	T076	THE STATE HEALTH PLAN OF SC
P541	CIGNA/CONNECTICUT GENERAL	T083	TRICARE SENIOR PRIME MED HMO
P561	CIGNA/CONNECTICUT GENERAL	T145	UNITED HEALTHCARE
P570	CIGNA/CONNECTICUT GENERAL	T164	TEAMSTERS LOCAL UNION 469
P591	CIGNA/CONNECTICUT GENERAL	T228	UNITED HEALTHCARE
P619	CIGNA/CONNECTICUT GENERAL	T255	TOTAL PROGRAM ADMIN
P629	CIGNA/CONNECTICUT GENERAL	U283	UNITED INS WORLD
P696	CIGNA/CONNECTICUT GENERAL	V071	VILLAGE MISSIONS EMPLOYEE
R005	ROBINSON JULIEENNE & BAILEY	W176	WILLSE/ASSOC
R017	RESTAURANT/TAVERN HF	W188	WESTERN FIDELITY INS
R101	RADIO SHACK		

Instructions for Manual Replacement Pages

Part 1

December 2006

Remove and replace
after the "How to Use
This Manual" tab: *How to Use This Manual* B-5/B-6 *

Remove: elig rec crd 1 thru 4
Insert: elig rec crd 1 thru 5

Remove and replace: mcp cohs 5/6
 prov guide 3 thru 6
 remit cd9000 29/30, 43
 remit elect corr9800 3
 remit elect corr hcrc 3

The following updated sections are available at www.medi-cal.ca.gov:

- *AEVS: Carrier Codes for Other Health Coverage*
- *Medi-Cal Procedure/Drug Code Limitation List*
- *Medi-Cal Suspended and Ineligible Provider List*

* Pages updated due to ongoing provider manual revisions.